

# IGIC MEMBERSHIP APPLICATION

*Improved quality of life through effective  
geographic information*

## Contact Info

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Membership

*Dues are billed annually and are valid January 1 - December 31. Sorry, no partial or prorated dues are accepted.*

☐ Individual (\$45)

☐ Institution (\$100)

☐ Student (\$15)

☐ Corporate (\$300)

☐ \_\_\_ Additional Corporate/Institutional Members (\$20 each)

*Please attach contact information for each additional member*

## Payment

*Please make checks payable to Indiana Geographic Information Council, Inc.*

☐ Check

☐ Purchase Order

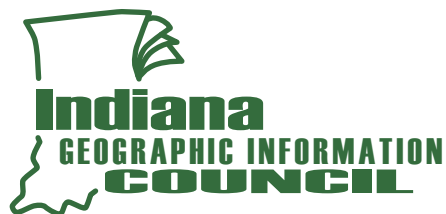
Purchase order no. \_\_\_\_\_ ☐ Please send my organization a W-9

Billing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*Mail Application and Payment to:*

**Indiana Geographic Information Council  
Indiana State Library  
140 N. Senate Ave, Room 306  
Indianapolis, IN 46204**



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